#### FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION



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Name of Offering ( check if this is Offer and sale of shares of CICLAD 4, F	an amendment and name has chan rench private equity fund	ged, and indicate change	2.)	JA GENED
Filing Under (Check box(es) that apply) Type of Filing:   New Filing □	Rule 504 Rule 505 Amendment	⊠ Rule 506 □ S	Section 4(6) ULC	DE // JUL 2 5 20
	A. BASIC IDENTIFIC	CATION DATA		
1. Enter the information requested about	t the issuer			198/9
Name of Issuer ( Check if this is an CICLAD 4	amendment and name has changed	, and indicate change.)		
Address of Executive Offices c/o CICLAD Gestion, 8, avenue Franklin		City, State, Zip Code)	Telephone Number ( +33 (0)1 56 59 77 33	Including Area Code)
Address of Principal Business Operation (if different from Executive Offices)	s (Number and Street,	City, State, Zip Code)	Telephone Number (	Including Area Code)
Brief Description of Business			<u></u>	PROCESSED
French private equity investment fund				JUL 2 <b>8</b> 2015
Type of Business Organization				THOMSON EINANCIAL
□ corporation □ business trust	☐ limited partnership, already☐ limited partnership, to be fo	formed 🖾 o	other (please specify):	French private equity CIAL
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization	_		i ⊠ Actual	□ Estimated

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 8

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Management Company Full Name (Last name first, if individual) CICLAD Gestion Business or Residence Address (Number and Street, City, State, Zip Code) 8, avenue Franklin D. Roosevelt 75008 Paris, France Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Partner ☐ General and/or Managing Partner of Management Company Full Name (Last name first, if individual) Lambert, Lionel Business or Residence Address (Number and Street, City, State, Zip Code) c/o CICLAD Gestion 8, avenue Franklin D. Roosevelt 75008 Paris, France □ Beneficial Owner ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Partner of Management Company Managing Partner Full Name (Last name first, if individual) Thoman, Thierry Business or Residence Address (Number and Street, City, State, Zip Code) c/o CICLAD Gestion 8, avenue Franklin D. Roosevelt 75008 Paris, France ☐ Beneficial Owner ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Partner of Management Company Managing Partner Full Name (Last name first, if individual) Vaury, Jean-Francois Business or Residence Address (Number and Street, City, State, Zip Code) c/o CICLAD Gestion 8, avenue Franklin D. Roosevelt 75008 Paris, France Check Box(es) that Apply: ■ Beneficial Owner ☐ Executive Officer □ Director □ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) Harbourvest International Private Equity Partners IC-Partnership Fund L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o HarbourVest Partners, LLC

One Financial Center, 44th Floor, Boston, MA 02111

				B. INF	ORMATIO	N ABOUT	OFFERI	NG				
1. Has the iss	har cold ~	does the	cuar intor d	to call to	non acception	tad investor	e in this of	fering?				No M
т. пак шт 188	aci soia, oi	uoes ine is										Ø
			Ans	wer also in	Appendix,	Column 2,	if filing und	ier ULOE.				
2. What is th	e minimum	investmen	t that will b	e accepted	from any in	dividual?					\$ <u>1,191</u>	<u>800</u> *
* Subject to the discretion of the Management Company.							Yes :	No				
3. Does the o	ffering pen	nit joint ow	mership of	a single un	it?				· · · · · · · · · · · · · · · · · · ·		⊠	
4. Enter the irremuneration agent of a bropersons to be Full Name (L.	for solicita ker or deal listed are a	tion of purc er registered ssociated pe	chasers in column of with the Sersons of su	onnection v SEC and/or	vith sales of with a state	securities or states, 1	in the offer	ing. If a per e of the broi	rson to be l ker or deale	isted is an r. If more	associate than five	d person or
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ociated Bro	ker or Deak	er									
G												
States in Whi					Solicit Purc				,,		Г	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]_	[VA]	[WA]	[WV]	[Wl]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)						
Name of Asso	ociated Bro	ker or Deal	er	<u></u>								
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers						
`											_	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH] [WV]	[OK]	[OR] [WY]	[PA] [PR]
[RI] Fuli Name (L	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[ ( ( )	[ ** 1]	[WI]	[FK]
run Name (L	ast name n	ist, ii maiv	iddai)									
Business or F	asidensa A	ddraen (Ni-	mbar and C	treat City	State 7in (	Code)						
Business or r	tesidence A	duress (Nu	inder and s	areet, City,	State, Zip C	.oue)						
Nome -CA	- into 4 D	lean as D = 1				<del></del>						
Name of Asse	ociated Bro	ker or Deal	ет									
States in Whi		isted Has S				hasers						All States
[AL]	[AK]	[AZ]	(AR)	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]]	I All States
[IL]	[NI]	[IA]	[KS]	[KY]	[LA]	[ME]	[DD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity		
□ Common □ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests		
Other (Specify French investment funds shares)	•	-
Total		
Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>_143,010,000</u>	\$ <u>142,300,920</u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this		
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	_28	\$ <u>142,300,920</u>
Non-accredited Investors	<del></del>	\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		N/A
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	🗵	\$ 123,262
Accounting Fees		s
Engineering Fees		3 \$
Sales Commissions (specify finders' fees separately)		s
Other Expenses (identify)		3 \$
Total		\$_123,262

<sup>\*</sup> All figures on this Form D are based on July 6, 2005 exchange rate: 1 Euro = \$ 1.1918

<sup>\*\*</sup> These figures include 27 non-U.S. purchasers investing \$124,423,920.

C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS	
I and total expenses furnished in respons	te offering price given in response to Part C - Question te to Part C - Question 4.a. This difference is the			\$ <u>142,892,738</u>
used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.			
			Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			\$	D \$
Purchase of real estate			\$	<b>S</b>
Purchase, rental or leasing and installati	ion of machinery and equipment		\$	□ \$
Construction or leasing of plant building	gs and facilities		\$	<b>S</b>
	ing the value of securities involved in this			
offering that may be used in exchange f issuer pursuant to a merger)	or the assets or securities of another		\$	<b>-</b> \$
			\$	□ \$
• •				□ \$
Other (specify): Private equity invest	tments			
			\$	□ \$
Column Totals			\$	
Total Payments Listed (Column totals a	dded)		⊠ \$_	142,892,738
	D. FEDERAL SIGNATURE			
following signature constitutes an undertaki	ened by the undersigned duly authorized person. If this noting by the issuer to furnish to the U.S. Securities and Exclusional experience issuer to any non-accredited investor pursuant to paragra	ange (	Commission, up	on written request
lssuer (Print or Type)	Signature		Date	
CICLAD 4	lelt.		18 jul	y, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)			<del></del>
Lionel Lambert	President of CICLAD Gestion, Management Company	of the	Issuer	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)